

**FEC FORM 9  
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS**

**1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name  
MAJORITY ACTION

(b) Address (number and street)  check if different than previously reported  
2207 VALLEY CIRCLE

(c) City, State and ZIP Code  
ALEXANDRIA VA 22302

(d) Name of Employer or Principal Place of Business (e) Occupation

**2. FEC Identification Number**

**C** C30000533

3. Is This Statement  **New** or  **Amended** 4. Covering Period 10 / 08 / 2008 through 10 / 12 / 2008

5. (a) Date of Public Distribution(s) 10 / 08 / 2008 (b) Communication Title Scandal

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? Yes  No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes  No

**8. Custodian of Records**

(a) Name  
Mark Longabaugh

(b) Address (number and street)  
2207 Valley Circle

(c) City, State and ZIP Code  
Alexandria VA 22302

(d) Name of Employer or Principal Place of Business (e) Occupation  
SELF EMPLOYED CONSULTANT

9. Total Donations This Statement 647250.00

10. Total Disbursements/Obligations This Statement 12000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Mark P. Longabaugh

SIGNATURE \_\_\_\_\_ DATE 10/07/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name Mark Longabaugh	Transaction ID : F91.000001	
	(b) Address (number and street) 2207 Valley Circle		
	(c) City, State and Zip Code Alexandria VA 22302		
	(d) Name of Employer or Principal Place of Business SELF EMPLOYED	(e) Occupation CONSULTANT	

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A.</b> Full Name of Donor            John R. Parten            Mailing Address of Donor            18945 Northchase Drive            Suite 1800            City State Zip            Houston TX 77060</p>	<p>Date of Receipt            09 / 20 / 2006            Amount            5000.00            Transaction ID : SAF92.000001</p>
<p><b>B.</b> Full Name of Donor            Donald L. Fowler            Mailing Address of Donor            2725 Devine Street            City State Zip            Columbia SC 29205</p>	<p>Date of Receipt            09 / 20 / 2006            Amount            10000.00            Transaction ID : SAF92.000002</p>
<p><b>C.</b> Full Name of Donor            Joseph Garrett            Mailing Address of Donor            9 Edgewood Road            City State Zip            Kensington CA 94707</p>	<p>Date of Receipt            09 / 23 / 2006            Amount            10000.00            Transaction ID : SAF92.000003</p>
<p><b>D.</b> Full Name of Donor            Laura and Gary Lauder            Mailing Address of Donor            88 Mercedes Lane            City State Zip            Atherton CA 94027</p>	<p>Date of Receipt            09 / 20 / 2006            Amount            250.00            Transaction ID : SAF92.000004</p>
<p><b>E.</b> Full Name of Donor            Adam R. Rose            Mailing Address of Donor            200 Madison Avenue            5th Floor            City State Zip            New York NY 10016</p>	<p>Date of Receipt            09 / 29 / 2006            Amount            500000.00            Transaction ID : SAF92.000005</p>

<p><b>SUBTOTAL</b> of Donations This Page (optional).....</p>	<p><b>525250.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only).....            (carry total from last page to Line 9)</p>	

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A.</b> Full Name of Donor            Shari Foos            Mailing Address of Donor            311 N. Rockingham Avenue            _____            City State Zip            Los Angeles CA 90049</p>	<p>Date of Receipt            M / D / Y            10 / 04 / 2006            Amount            7000.00            Transaction ID : SAF92.000006</p>
<p><b>B.</b> Full Name of Donor            George Soros            Mailing Address of Donor            888 7th Avenue            _____            City State Zip            New York NY 10106</p>	<p>Date of Receipt            M / D / Y            10 / 04 / 2006            Amount            50000.00            Transaction ID : SAF92.000007</p>
<p><b>C.</b> Full Name of Donor            Jonathan F. P. Rose            Mailing Address of Donor            33 Katonah Avenue            _____            City State Zip            Katonah NY 10536</p>	<p>Date of Receipt            M / D / Y            10 / 04 / 2006            Amount            50000.00            Transaction ID : SAF92.000008</p>
<p><b>D.</b> Full Name of Donor            John E. Williams            Mailing Address of Donor            8441 Gulf Frey            Suite 600            _____            City State Zip            Houston TX 77017</p>	<p>Date of Receipt            M / D / Y            10 / 06 / 2006            Amount            15000.00            Transaction ID : SAF92.000009</p>

<p><b>SUBTOTAL</b> of Donations This Page (optional).....</p>	<p><b>122000.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only).....            (carry total from last page to Line 9)</p>	<p><b>647250.00</b></p>

**SCHEDULE 9-B  
Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Squier Knapp Dunn Communications				Date of Disbursement or Obligation	
Mailing Address of Payee 1818 N Street				M M / D D / Y Y Y Y 10 / 06 / 2006	
City State Zip Code Washington DC 20036				Amount 12000.00	
Name of Employer Occupation				Communication Date	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy and Production				M M / D D / Y Y Y Y 10 / 06 / 2006	
Transaction ID: SBF93.000001					
Name of Federal Candidate Tom Reynolds		Office Sought: <input checked="" type="checkbox"/> House Senate President	State: NY District: 26	Disbursement/Obligation For: 2006 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	
F94.000001 Name of Federal Candidate		Office Sought: House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate		Office Sought: House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____	

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	12000.00
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	12000.00